

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

57740

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: All Star Succo

BUSINESS STREET ADDRESS: 14401 SW 23rd St DAVIE ZIP 33325

BUSINESS MAILING ADDRESS: 17601 SW 70th PLACE ZIP 33331

BUSINESS PHONE: 954 252 1499 FAX 252 1497

DESCRIBE TYPE OF BUSINESS: construction succo (Office only)

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Heriberto Tenorio</u>	<u>17601 SW 70th PLACE</u>	<u>FL 33331</u>	<u>954 252 1499</u>
2. <u>Rodolfo T Gomez</u>	<u>14401 SW 23rd St DAVIE</u>	<u>FL 33325</u>	<u>954 915 0563</u>

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Rodolfo T Gomez VP  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>9/19/01</u> Category <u>05806</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee _____ Rec# _____ New <input type="checkbox"/> Trans <input type="checkbox"/>
License # <u>02-15751</u> Control # <u>13188</u> Zoning <u>B-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <u>Yes</u> Date <u>10/3/01</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

Phone & Mail only